

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICATION NO. **10/070007**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/		/		/	
24			/		/	
25			/		/	
26			/		/	
27			/		/	
28			/		/	
29			/		/	
30			/		/	
31			/		/	
32			/		/	
33			/		/	
34			/		/	
35			/		/	
36			/		/	
37			/		/	
38			/		/	
39			/		/	
40			/		/	
41			/		/	
42			/		/	
43			/		/	
44			/		/	
45			/		/	
46			/		/	
47			/		/	
48			/		/	
49			/		/	
50			/		/	
TOTAL IND.	1		1		2	
TOTAL DEP.	23		34		25	
TOTAL CLAIMS	23		35		27	

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/		/	
52			/		/	
53			/		/	
54			/		/	
55			/		/	
56			/		/	
57			/		/	
58			/		/	
59			/		/	
60			/		/	
61			/		/	
62			/		/	
63			/		/	
64			/		/	
65			/		/	
66			/		/	
67			/		/	
68			/		/	
69			/		/	
70			/		/	
71			/		/	
72			/		/	
73			/		/	
74			/		/	
75			/		/	
76			/		/	
77			/		/	
78			/		/	
79			/		/	
80			/		/	
81			/		/	
82			/		/	
83			/		/	
84			/		/	
85			/		/	
86			/		/	
87			/		/	
88			/		/	
89			/		/	
90			/		/	
91			/		/	
92			/		/	
93			/		/	
94			/		/	
95			/		/	
96			/		/	
97			/		/	
98			/		/	
99			/		/	
100			/		/	
TOTAL IND.			1		1	
TOTAL DEP.						
TOTAL CLAIMS			1		1	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS